



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 24201 VALENCIA BLVD 1309, SANTA CLARITA, CA 91355

TELEPHONE: (917) 992-1911

OWNER OF BUSINESS: ZHIXIONG XU

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SO RELAX

MAILING ADDRESS [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	06/15/15	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	07/21/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	05/03/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	09/08/15	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	06/04/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	05/12/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	09/08/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 142402

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor - General</u>	Address of Business: <u>24201 Valencia Blvd #1309 Santa Clarita 9</u>	
DBA (Business Name): <u>So Relax</u>	Business Telephone: <u>917-992-1911</u>	
Sellers Permit # (State Board of Equalization):	Mailing Address: [REDACTED]	
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>June 29 2005</u>	Incorporated in the State of: <u>CA</u>	
Exact Corporate Name:		
Names of Officers	Addresses	Titles
<u>ZHI XIONG XU</u>	[REDACTED]	<u>president</u>
	[REDACTED]	

APPLICANT INFORMATION

Applicant's Full Name: <u>ZHI XIONG XU</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <u>Vannyxu123@hotmail.com</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: <u>1/1</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED] Hair Color: [REDACTED] Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 06/03/2015 Applicant's Signature: [Signature]
Application taken by: Tony Date: 6/3/15

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at

**COUNTY OF LOS ANGELES
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225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **24201 VALENCIA BLVD 1309, SANTA CLARITA, CA 91355**

TELEPHONE: **(917) 992-1911**

OWNER OF BUSINESS: **ZHI XIONG XU**

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SO RELAX**

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

BUILDING & SAFETY

SANTA CLARITA

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

*We recommend approval
at this time.*

SIGNATURE:

D. Hamrick

DATE:

6/12/15

Jun-04-2015 01:48pm

From-LACOFD FIRE MARSHAL

0238004055

T-408

P.002/008

F-353

02003/011

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109 P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

126

KIND OF BUSINESS: MASSAGE PARLOR GENERAL /SC

ADDRESS OF BUSINESS: 24201 VALENCIA BLVD 1309, SANTA CLARITA, CA 91385

TELEPHONE: (917) 992-1911

OWNER OF BUSINESS: ZHI XIONG XU

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SO RELAX

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: 

DATE: 06/30/15

BASIC LICENSE NO. 8430

DATE 06/04/15

IDENTIFICATION NUMBER 142402



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 24201 VALENCIA BLVD 1309, SANTA CLARITA, CA 91355

TELEPHONE: (917) 992-1911

OWNER OF BUSINESS: ZHIXIONG XU

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SO RELAX

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

[Handwritten Signature]

DATE: _____

4/28/2016

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

15-00713

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL/SC**

ADDRESS OF BUSINESS: **24201 VALENCIA BLVD 1309, SANTA CLARITA, CA 91355**

TELEPHONE: **(917) 992-1911**

OWNER OF BUSINESS: **ZHI XIONG XU**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SO RELAX**

MAILING ADDRESS: **[REDACTED]**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

SHERIFF FINGERPRINT

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

Approved

SIGNATURE: _____

Wp 5361170

DATE: _____

9/4/15

BASIC LICENSE NO. **8430**

DATE **06/04/15**

IDENTIFICATION NUMBER **142402**

See all the Town 9/14

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NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SO RELAX**

MAILING ADDRESS: **[REDACTED]**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

REGIONAL PLANNING

SANTA CLARITA

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: approval for massage parlor. OTCIS-1024

SIGNATURE: 

DATE: 6/4/15